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21828

7590

04/23/2007

CARRIER BLACKMAN AND ASSOCIATES

24101 NOVI ROAD

SUITE 100

NOVI, MI 48375

07/11/2007 EYALEW2 00000004 10536146

01 FC:1501

02 FC:1504

1400.00 OP

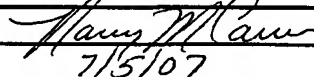
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Nancy Carrier

(Depositor's name)



(Signature)

7/5/07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/538,146	06/08/2005	Yoshiharu Iwai	CSP-117-A	8701

TITLE OF INVENTION: CONVEYANCE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DILLON JR, JOSEPH A	3651	198-465300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Carrier, Blackman, + Associates, P.C.
2. Joseph P. Carrier
3. William D. Blackman

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Honda Motor Co., LTD.
 Iwata Koki LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan
 Aichi-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0744 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph P. Carrier

Date

July 5, 2007

Typed or printed name

Registration No.

31,748

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